## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: SUE TYYKILA ADULT FAMILY HOME (0010003)
Address: N11398 SCHMIDTBAUER ROAD, TOMAHAWK, WI 54487

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History** 

Survey ID: 0092811 End Date: 06/02/2004 Type: STANDARD Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009285 Served 07/02/2004

Deficiencies Cited Subject Area Subject Area Verified

88.05(3)(d) ANNUAL WELL WATER INSPECTIONS 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION <u>Verified</u> <u>Corrected</u>